



Sen. Terry Link

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1 AMENDMENT TO SENATE BILL 1812

2 AMENDMENT NO. _____. Amend Senate Bill 1812 by replacing
3 line 2 on page 29 through line 12 on page 33 with the
4 following:

5 "(215 ILCS 5/356z.25 new)

6 Sec. 356z.25. Coverage for children with preexisting
7 conditions.

8 (a) A health insurance issuer offering group or individual
9 health insurance shall not limit or exclude coverage for an
10 individual under the age of 19 by imposing a preexisting
11 condition exclusion on that individual.

12 (b) Notwithstanding any other provision of law, a health
13 insurance issuer offering individual health insurance must
14 offer a child-only plan and, except as set forth in subsection
15 (g) of this Section, shall accept applications for child-only
16 plans and offer coverage without any limitations or riders
17 based on health status according to the following provisions:

1 (1) during the open enrollment periods outlined in
2 subsection (c) of this Section; and

3 (2) within 30 days after a qualifying event.

4 (c) Beginning January 1, 2012, each January and July a
5 health insurance issuer offering a child-only plan shall hold
6 an open enrollment period for child-only plan applicants for
7 the duration of the entire month. During these open enrollment
8 periods, all child-only plan applicants under the age of 19
9 shall be offered coverage without any limitations or riders
10 based on health status.

11 (d) Notice of the open enrollment opportunity and open
12 enrollment dates for new applicants, as well as the opportunity
13 to enroll due to a qualifying event, must be displayed
14 prominently on the health insurance issuer's web site
15 throughout the year.

16 (e) Applications for coverage during a January open
17 enrollment period shall become effective no later than March 1
18 following the open enrollment during which the application is
19 received. Applications for coverage during a July open
20 enrollment period shall become effective no later than
21 September 1 following the open enrollment during which the
22 application is received.

23 (f) Except during an open enrollment period, a health
24 insurance issuer need not offer coverage to a child-only
25 applicant who had a child-only plan with a health insurance
26 issuer during the 12 months prior to the application for

1 child-only coverage where such coverage was voluntarily
2 terminated.

3 (g) A health insurance issuer is not required to accept
4 applications from eligible individuals applying for child-only
5 plan coverage during an open enrollment period if such
6 individuals have comprehensive medical coverage available to
7 be purchased by them at the time that the child-only plan would
8 become effective.

9 (h) Health insurance issuers are not precluded from
10 applying non-health related eligibility rules to individuals
11 applying for child-only plan coverage so long as such rules are
12 uniformly applied to all individuals applying for child-only
13 plan coverage.

14 (i) For the purposes of this Section:

15 "Child-only plan" means renewable individual health
16 insurance coverage (as defined in 42 U.S.C. 300gg-91) issued
17 with an effective date on or after September 23, 2010, that
18 provides coverage to an individual under the age of 19. This
19 shall not include individual health insurance coverage that
20 covers children under age 19 as dependents.

21 "Qualifying event" shall occur only when:

22 (1) an individual's major medical coverage is
23 involuntarily terminated, whether or not such coverage is
24 provided to the individual directly as a policyholder or as
25 a dependent; and

26 (2) that individual does not have other comprehensive

1 major medical coverage available to be purchased, whether
2 or not such coverage is available to be purchased by that
3 individual as a policyholder or as a dependent.

4 A qualifying event shall be considered to have occurred on the
5 later of the date that the individual's previous major medical
6 coverage was involuntarily terminated or notice of such
7 termination was provided.

8 "Preexisting condition" means a limitation or exclusion of
9 benefits, including a denial of coverage, based on the fact
10 that the condition was present before the effective date of
11 coverage, or if the coverage is denied, the date of denial,
12 under a health benefit plan whether or not any medical advice,
13 diagnosis, care, or treatment was recommended or received
14 before the effective date of coverage.

15 "Preexisting condition exclusion" includes any limitation
16 or exclusion of benefits, including a denial of coverage,
17 applicable to an individual as a result of information relating
18 to an individual's health status before the individual's
19 effective date of coverage or, if the coverage is denied, the
20 date of denial under the health benefit plan, such as a
21 condition identified as a result of a pre-enrollment
22 questionnaire or physical examination given to the individual
23 or review of medical records relating to the pre-enrollment
24 period."